

NOTIFICATION OF CONTINUATION OF BENEFITS AS A RESULT OF VERIFICATION

Date: _____

Dear _____:

Thank you for cooperating with (school or agency) _____ in its verification of eligibility for school meal benefits. The materials you have sent showed us that your child is eligible for the meal benefits he or she is receiving.

We appreciate your cooperation and support during this process. If you have any questions concerning our program, please feel free to contact our office.

Sincerely,

Non-Discrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender, identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all bases will apply to all programs and/or employment activities.)

If you wish to file a Civil rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer. As stated above, all protected bases do not apply to all programs, "the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs."